

DHHS/OFFICE OF OPERATIONS SUPPORT, CHILD CARE LICENSING UNIT

129 PLEASANT STREET, CONCORD, NH 03301
Telephone 1-800-852-3345 Extension 9025 or 603-271-9025

HOUSEHOLD AND PERSONNEL FORM

For household members and other individuals ages 10 to 16 years

PLEASE TYPE OR PRINT LEGIBLY USING BLACK INK. (PLEASE KEEP A COPY FOR YOUR RECORDS)

PROGRAM NAME, ADDRESS, AND LICENSE NUMBER MUST BE COMPLETE OR THIS FORM WILL BE RETURNED TO YOU.

Information entered below will be used for returning this form so please write neatly.

_____		_____
Program Name		License #

Mailing Address (PO Box or Street)		

City	State	Zip Code



WHO do I submit on this household and personnel form? All household members or other individuals who are between the ages of 10 and 16 years, who are not residents of the program.

WHAT type of record check needs to be completed? This form only covers the record check of founded cases of abuse and neglect through the central registry for the Division of Children, Youth and Families. State and Federal Criminal checks are not required.

WHEN do I submit a Household and Personnel form? When household members or other individuals who are between the ages of 10 and 16 are added to the program or household and at each renewal of your license.

HOW do I complete this form? After completing all the program information at the top of the form fill in the complete name and date of birth for each person between the ages of 10 and 16.

LAST Name, FIRST Name, Middle Initial, Birth Name, Maiden Name, and Previous Names, and any other name as applicable	D.O.B. MM/DD/YY	POSITIVE MATCH* FOR UNIT COMPLETION ONLY

FOR OFFICE USE ONLY ____ The background check did not reveal any information that resulted in a determination that the above named individual poses a threat to the safety of children.